<b>Application</b>	<b>orDocket</b>	Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL E	00	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		$\gamma_i$			RATE	FEE	OR 7	RATE		
FOR		NUMBER FILED NUMB		BER EXTRA	BASIC FEI	<del></del>	┨	BASIC FEE	770.00	
-			01		DER EATRA	DASIC FEI	- 385.00	OR	BASIC FEE	770.00
Ĕ	TAL CHARGE	ABLE CLAIMS	2 minus 20= * /			X\$ 9=	•	OR	X\$18=	18
IN	DEPENDENT C	LAIMS	3 minus 3 = 1*			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	708	
CLAIMS AS AMENDED - PART II							OTHER THAN			
(Column 1) (Column 2) (Column 3)						SMALL ENTITY OR SMALL ENTITY				ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	*	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X43=		OR	X86=	
Ľ	FIRST PRESE	NTATION OF ME	JLTIPLE DEF	PENDENT CLAIM		.145			. 200	
						+145=	· .	OR	+290= TOTAL	-
				•		ADDIT. FEE	L	OR.	ADDIT. FEE	-
_		(Column 1)		(Column 2) HIGHEST	(Column 3)	· -	T 122.	1		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X43=	·	OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLAIM		1.0				
•						+145=		OR	+290=	
					•	ADDIT. FEE	·	OR.	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)		٠.		•	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	<b>全分全</b> ·	=	X43=			X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	7.55-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										
**	taba el liabantata	nin i is ress uieui (II)	e enuy in colun	m 2, will U In Co	. 00 100 t	TOTAL	•	OR .	TOTAL	•
***	t the "Highest Nur If the "Highest N	nber Previously Pa	ID FOR IN THIS	SPACE is less that SPACE is less that	n 20, enter 20.	ADDIT. FEE		A	DOTT. FEEL	